

**CONFIDENTIAL STATEMENT OF EMPLOYMENT AND FINANCIAL INTERESTS
SPECIAL GOVERNMENT EMPLOYEES****GENERAL REQUIREMENTS**

The information to be furnished in this statement is mandatory for persons in your employment category under Executive Order 11222 and the regulations of the Office of Personnel Management (OPM) issued thereunder and may not be disclosed except as OPM or the agency head may determine for good cause shown. It will be held in strictest confidence. It is obtained so that management can prevent, or find and remedy, real or apparent conflicts of interest between a special Government employee's non-VA activities or interest and his responsibilities to the Department of Veterans Affairs. The Privacy Act of 1974 requires that respondents be informed of the effects, if any, of not providing all or any part of the requested information. Therefore, if you do not furnish all or any part of the information, you could be denied an appointment or, if you are already employed, VA might not be able to protect you from potentially adverse consequences arising out of real or apparent conflicts of interest.

The Order does not require the submission of any information relating to an employee's connection with, or interest, in, a professional society or a charitable, religious, social, fraternal, recreational, public service, civic, or political organization or any similar organization not conducted as a business enterprise and which is not engaged in the ownership or conduct of a business enterprise. Educational and other institutions doing research and development or related work involving grants of money from or contracts with the Government are deemed to be "business enterprises" for purposes of this report and should be included.

A showing of the amount of any financial interest is not required.

PART 1 - TO BE COMPLETED BY VA

1. NAME (Last, first, initial)	2. AGENCY AND MAJOR ORGANIZATIONAL SEGMENT		
3. BIRTH DATE (Month, day, year)	4. PERIOD OF APPOINTMENT, THIS DEPARTMENT (Normally 365 days)		
	FROM	TO	
5. ESTIMATED NUMBER OF DAYS ON WHICH SERVICES ARE EXPECT TO BE PERFORMED (Complete items 5 through 7 after Part II is completed, using the instructions in FPM Chapter 735-C-2)			
A. WITH THIS DEPARTMENT			
B. WITH OTHER FEDERAL AGENCIES			
C. TOTAL ESTIMATED NUMBER OF DAYS (Sum of 5A and 5B)			
6. NUMBER OF DAYS ALREADY WORKED FOR THIS AND OTHER FEDERAL AGENCIES DURING APPLICABLE 365 - DAY APPOINTMENT YEAR			
7. TOTAL NUMBER OF DAYS (Sum of 5C and 6)			

PART II - TO BE COMPLETED BY APPOINTEE

1. FEDERAL GOVERNMENT EMPLOYMENT - List all other Federal agencies and other organizational segments of this Agency in which you are presently employed or have been employed during the applicable period. If none, write NONE.

AGENCY AND LOCATION	TITLE OR KIND OF POSITION	APPOINTMENT		ESTIMATED NO. OF DAYS
		FROM	TO	

PART II - TO BE COMPLETED BY APPOINTEE (Continued)

2. NON-FEDERAL EMPLOYMENT - Name all corporations, companies, firms, State or local Governmental organizations, research organizations, and educational or other institutions in which you are serving as employee, officer, member, owner, trustee, director, expert, adviser, or consultant, with or without compensation. If none, write NONE.

NAME AND KIND OF ORGANIZATION (e.g., manufacturing, research, insurance)	LOCATION (City, State)	TITLE OR KIND OF POSITION

3. FINANCIAL INTERESTS - List all organizations (including corporations, companies, firms, or other business enterprises, partnerships, non-profit organizations, and educational or other institutions) in which you have a financial interest, unless excused below in whole or in part. *Do not show the amount of financial interest. Do not report deposits in savings and loan institutions and credit unions.*

LIMITATIONS (If any)

NAME OF ORGANIZATION	KIND OF ORGANIZATION (Manufacturing, storage, public utilities, etc.)	NATURE OF INTEREST AND IN WHOSE NAME HELD

4. AGENCY REQUIREMENTS (If any specified, pursuant to Civil Service Commission Regulation 735.401 after approval of the Commission)

CERTIFICATION: I CERTIFY that the statements I have made are true, complete, and correct to the best of my knowledge and belief. I UNDERSTAND that if during the period of my appointment I undertake a new employment I must promptly file an amended statement; and I must also promptly report new financial interests acquired during this period of the kind required to be reported under "FINANCIAL INTERESTS."

DATE	SIGNATURE
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